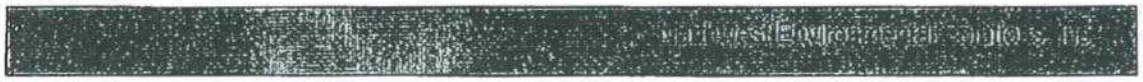

FAX TRANSMITTAL SHEET

To: Christina Zerby – Yakima DOE

From: Kevin

Date: November 19, 2005

Re: Big B Mini Mart – Ellensburg, WA.

Total number of pages including cover: 5

www.tanktesters.com nesinc@hotmail.com
PO Box 1583 Sumner, WA 98390 253/241-6213

Washington State Department of ECOLOGY

UNDERGROUND STORAGE TANK

Check those activities which apply: X Tightness Testing Checklist
Retrofit/Repair Checklist
Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are preformed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions FS 384

1. UST SYSTEM LOCATION AND OWNER

UST

UBI Number: 601-150-655 Site ID Number: [redacted] 10589

Site/Business Name: [redacted]
Site address: 1611 Canyon Rd. County: Kittitas
Ellensburg, WA. Zip: 98926
Telephone # (509)925-5721

UST Owner/Operator: [redacted]

Telephone # (509)925-5721

2. FIRM PERFORMING WORK

Service Company: **NW Environmental Solutions, Inc.**
PO Box 1583
Sumner, WA. 98390

Certified Supervisor: Kevin Wilkerson
PO Box 1583
Sumner, WA. 98390
Telephone #: 253/241-6213

IFIC Certification Numbers:			
	5012674-25	Install/Retrofit	12/05/05
	5012674-27	Tank Testing	12/09/05
	5012674-28	Cathodic Protection	09/15/05
	5012674-36	WA. State Site Assessment	09/24/04
	5012674-26	UST Decommissioning	02/24/05

UNDERGROUND STORAGE TANK

Tightness Testing Checklist

Site ID: 1363
Station: Big B Mini Mart
Site Address: 1611 Canyon Rd
City: Ellensburg, WA. 98926

For more than four UST systems, you may photocopy this form prior to completing

I. TIGHTNESS TESTING METHOD

Date of Test: 11/11/05

1. Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version	Petro-Tite	Vaporless	US Test	Alert Technology
Test method manufacturer	Heath Consultants	Vaporless	US Test	Alert Technology

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for all single wall tanks): MW

3. Method used for release detection:
   - ☐ Weekly manual gauging
   - ☑ Daily manual inventory control
   - ☐ Automatic tank gauging (ATG)
   - ☐ Interstitial monitoring
   - ☐ Other (describe)

4. Reason for conducting tightness test:
   - ☑ Required for release detection requirement
   - ☐ Bring temporarily closed tanks back into service
   - ☐ Tank or piping repair
   - ☐ Other:

5. Type of test conducted:
   - ☐ Tank tightness test only
   - ☑ Line tightness test and leak detector test
   - ☐ Total system test (tank and lines tested together)

6. Test method type:
   - ☑ Overfill volumetric
   - ☐ Underfill volumetric
   - ☐ Nonvolumetric
   - ☐ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

1. Has the tightness testing method used been demonstrated to meet the performance Standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)	KW Yes	No	N/A	
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	KW Yes	No	N/A	
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	KW Yes	No	N/A	
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	Yes	No	KW N/A	
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office)	Yes	No	KW N/A	

Tightness Testing Checklist (continued)

Site ID: 1363
Station: Big B Mini Mart
Site Address: 1611 Mini Mart
City: Ellensburg, WA. 98926

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID# (tank name registered with Ecology)	1	2	3	4
2. Date installed	-	-	-	-
3. Tank capacity in gallons	10000	10000/8000	4000	4000
4. Last substance stored	Regular	Diesel	Super	Regular
5. Number of tank compartments	1	1	1	1
6. Tank type: (S)single wall, (D)double wall (P) partitioned	S	S	S	S
7. Is overfill device present? (Yes/No)	Y	Y	Y	Y
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	-	-	-	-
9. The test method used can detect a leak of how many GPH?	-	-	-	-
10. The numerical tank test results are? (in gallons per hour)	-	-	-	-
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)	-	-	-	-

IV. LINE INFORMATION

	Line 1	Line 2	Line 3	
1. Piping type: (S) single wall; (D) double wall	S	S	S	S
2. Pump type (T) turbine; (S) suction	T	T	T	T
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No/NA) (2) Line leak detector results are? (Pass/Fail) (b) If suction, check valve located at? (T)tank (P)pump	Y Pass	Y Pass	Y Pass	Y Pass
4. The numerical line test results are? (in gallons per hr)	-.005 gph	-.0095 gph	-.008 gph	-.003 gph
5. Line tightness test results? (Pass/Fail)*	Pass	Pass	Pass	Pass

*Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to the underground storage tanks.

Person submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date: 11/11/05 — Signature of Certified Supervisor — Kevin Wilkerson

Date: 11/11/05 — Signature of Tank Owner/Authorized Rep. — Printed Name

Northwest Environmental Solutions, Inc.

PRECISION LEAK DETECTOR AND LINE TEST DATA

Location: Big B Mini Mart
1611 Canyon Rd. WA: A1363
Ellensburg, WA. 98926

Date: November 11, 2005

Tolerance = 3 gph Pressurized Line Leak Detectors
Tolerance = + -.010 gph Pressurized Lines
Tolerance = + - .025 gph Suction Lines

PRODUCT ID.	TEST TIME	L.D. TYPE & BRAND	TEST PRESSURE	GPH RATE	RESULT
UNLEADED	:45	Red Jacket	24	3 gph	PASS
DIESEL	:45	Red Jacket/Vaporless	25	3 gph	PASS
SUPER	:45	Vaporless	23	3 gph	PASS
UNLEADED	:45	Vaporless	25	3 gph	PASS
UNLEADED (N)	1 Hour	Red Jacket	40	-.005 gph	PASS
DIESEL (2) TURBINES	1 Hour	Red Jacket	40	-.0095 gph	PASS
SUPER	1 Hour	Red Jacket	40	-.008 gph	PASS
UNLEADED (S)	1 Hour	Red Jacket	40	-.003 gph	PASS

COMMENTS: ***Note: NES, Inc. is to be harmless from any past, present or future spillage or release.***

NES, INC. TECH: Kevin Wilkerson

Certification #5012674-27 I.F.C.I. – Oregon #13159

Tech. Signature: _____

Washington State Department of ECOLOGY

UNDERGROUND STORAGE TANK

Check those activities which apply: X Tightness Testing Checklist
Retrofit/Repair Checklist
Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are preformed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions FS, 384

1. UST SYSTEM LOCATION AND OWNER

UST

UBI Number: 601-150-655 Site ID Number: ~~T363~~ 10589

Site/Business Name: [illegible]
Site address: 1611 Canyon Rd.
Ellensburg, WA.
Telephone # (509)925-5721

County: Kittitas
Zip: 98926

UST Owner/Operator: [illegible]

Telephone # (509)925-5721

2. FIRM PERFORMING WORK

Service Company: **NW Environmental Solutions, Inc.**
PO Box 1583
Sumner, WA. 98390

Certified Supervisor: Kevin Wilkerson
PO Box 1583
Sumner, WA. 98390
Telephone #: 253/241-6213

IFIC Certification Numbers:

5012674-25	Install/Retrofit	12/05/05
5012674-27	Tank Testing	12/09/05
5012674-28	Cathodic Protection	09/15/05
5012674-36	WA. State Site Assessment	09/24/04
5012674-26	UST Decommissioning	02/24/05

UNDERGROUND STORAGE TANK

Tightness Testing Checklist

Site ID: 1363
Station: Big B Mini Mart
Site Address: 1611 Canyon Rd
City: Ellensburg, WA. 98926

For more than four UST systems, you may photocopy this form prior to completing

I. TIGHTNESS TESTING METHOD

Date of Test: 11/11/05

1. Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version	Petro-Tite	Vaporless	US Test	Alert Technology
Test method manufacturer	Heath Consultants	Vaporless	US Test	Alert Technology

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for all single wall tanks): MW

3. Method used for release detection:
- ☐ Weekly manual gauging
- ☑ Daily manual inventory control
- ☐ Automatic tank gauging (ATG)
- ☐ Interstitial monitoring
- ☐ Other (describe)

4. Reason for conducting tightness test:
- ☑ Required for release detection requirement
- ☐ Bring temporarily closed tanks back into service
- ☐ Tank or piping repair
- ☐ Other:

5. Type of test conducted:
- ☐ Tank tightness test only
- ☑ Line tightness test and leak detector test
- ☐ Total system test (tank and lines tested together)

6. Test method type:
- ☑ Overfill volumetric
- ☐ Underfill volumetric
- ☐ Nonvolumetric
- ☐ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

1.	Has the tightness testing method used been demonstrated to meet the performance Standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)	KWYes	No	N/A
2.	Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	KWYes	No	N/A
3.	Was the product level in the tank during the test within the limitations of the test methods performance standards?	KWYes	No	N/A
4.	If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	Yes	No	KWN/A
5.	If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office)	Yes	No	KWN/A

Tightness Testing Checklist (continued)

Site ID: 1363
Station: Big B Mini Mart
Site Address: 1611 Mini Mart
City: Ellensburg, WA. 98926

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID# (tank name registered with Ecology)	1	2	3	4
2. Date installed	-	-	-	-
3. Tank capacity in gallons	10000	10000/8000	4000	4000
4. Last substance stored	Regular	Diesel	Super	Regular
5. Number of tank compartments	1	1	1	1
6. Tank type: (S)single wall, (D)double wall (P) partitioned	S	S	S	S
7. Is overfill device present? (Yes/No)	Y	Y	Y	Y
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	-	-	-	-
9. The test method used can detect a leak of how many GPH?	-	-	-	-
10. The numerical tank test results are? (in gallons per hour)	-	-	-	-
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)	-	-	-	-

IV. LINE INFORMATION

	Line 1	Line 2	Line 3	
1. Piping type: (S) single wall; (D) double wall	S	S	S	S
2. Pump type (T) turbine; (S) suction	T	T	T	T
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No/NA) (2) Line leak detector results are? (Pass/Fail) (b) If suction, check valve located at? (T)tank (P)pump	Y Pass	Y Pass	Y Pass	Y Pass
4. The numerical line test results are? (in gallons per hr)	-.005 gph	-.0095 gph	-.008 gph	-.003 gph
5. Line tightness test results? (Pass/Fail)*	Pass	Pass	Pass	Pass

*Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to the underground storage tanks.

Person submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date: 11/11/05 — Signature of Certified Supervisor — Kevin Wilkerson

Date: 11/11/05 — Signature of Tank Owner/Authorized Rep. — Printed Name

Northwest Environmental Solutions, Inc.

PRECISION LEAK DETECTOR AND LINE TEST DATA

Location: Big B Mini Mart
1611 Canyon Rd. WA: A1363
Ellensburg, WA. 98926

Date: November 11, 2005

Tolerance = 3 gph Pressurized Line Leak Detectors
Tolerance = + -.010 gph Pressurized Lines
Tolerance = + - .025 gph Suction Lines

PRODUCT ID.	TEST TIME	L.D. TYPE & BRAND	TEST PRESSURE	GPH RATE	RESULT
UNLEADED	:45	Red Jacket	24	3 gph	PASS
DIESEL	:45	Red Jacket/Vaporless	25	3 gph	PASS
SUPER	:45	Vaporless	23	3 gph	PASS
UNLEADED	:45	Vaporless	25	3 gph	PASS
UNLEADED (N)	1 Hour	Red Jacket	40	-.005 gph	PASS
DIESEL (2) TURBINES	1 Hour	Red Jacket	40	-.0095 gph	PASS
SUPER	1 Hour	Red Jacket	40	-.008 gph	PASS
UNLEADED (S)	1 Hour	Red Jacket	40	-.003 gph	PASS

COMMENTS: ***Note: NES, Inc. is to be harmless from any past, present or future spillage or release.***

NES, INC. TECH: Kevin Wilkerson

Certification #5012674-27 I.F.C.I. – Oregon #13159

Tech. Signature: _____

Underground Storage Tank Tightness Testing Checklist

The attached Underground Storage Tank (UST) checklist is required for activity listed above. This checklist certifies that the Tightness Testing activities are performed and conducted in accordance with Chapter 173.360 WAC.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601-150-655 (UBI # from Master Business License) Site ID Number: A 1863 (Available from Ecology if tank is Registered)

Site/Business Name: BIG B MINI MART

Site Address: 1611 RAILROAD RD (Street) KITTITAS (County)

ELLENSBURG, WA 98926 (City, State, Zip+4 (required))

Telephone: (509) 925-5721

UST Owner/Operator: Same

Mailing Address: _____ (Street) _____ (P.O. Box)

_____ (City, State, Zip+4 (required))

Telephone: _____

2. FIRM PERFORMING WORK

Service Company: N.W. ENVIRONMENTAL SOLUTIONS.

Service Co. Address: PO BOX 1583 (Street)

SUMNER, WA 98390 (City, State, Zip+4 (required))

Certified Supervisor: KEVIN WILKERSON

Address: PO BOX 1583 (Street) _____ (P.O. Box)

SUMNER, WA 98390 (City, State, Zip+4 (required))

ICBO Certification Number: 5012674-UST Certification Issue Date (Month/Year): 12/5/03

Telephone: (253) 241-6213

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.
1-(800) 833-6388 or 711 (TTY)

 White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section**
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed.

On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page. Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. Be sure that the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology.

Cover Sheet

Site and Owner Information
Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information
List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing ICBO Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Code of Building Officials (ICBO), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator* must *report* a failed tightness test as *a suspected release* to UST staff *at the appropriate Ecology regional office within 24 hours.

Northwest	Southwest	Central	Eastern
(206) 649-7000	(360) 407-6300	(509) 574-2490	(509) 329-3400

White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)

3663

Site ID # A 1363

Site Address 1611 CANYON RD

City ELLENSBURG, WA 98926

Underground Storage Tank

Tightness Testing Checklist

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: MAY 04, 04

1. Tightness testing method(s) used (indicate if more than one method was used):
   Test method name/version PETRO TITE
   Test method manufacturer HEATH CONSULTANTS

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): W.P.

3. Method used for release detection:
   - ☐ Weekly manual gauging
   - ☑ Daily manual inventory control
   - ☐ Automatic tank gauging (ATG)
   - ☐ Interstitial monitoring
   - ☐ Other (describe) _____

4. Reason for conducting tightness test:
   - ☑ Required for release detection requirement
   - ☐ Bring temporarily closed tanks back into service
   - ☐ Tank or piping repair
   - ☐ Other (describe) NOC.

5. Type of test conducted:
   - ☑ Tank tightness test only
   - ☑ Line tightness test only
   - ☐ Total system test (tank and lines tested together)

6. Test method type:
   - ☑ Overfill volumetric
   - ☑ Underfill volumetric
   - ☐ Nonvolumetric
   - ☐ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%).	☑	☐	☐
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	☑	☐	☐
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	☑	☐	☐
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	☑	☐	☐
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)	☐	☐	☑

* *Item not applicable*

White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)

6

Site ID # A1263

Site Address 1611 CANYON RD
City ELLENSBURG, WA 98926

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4	TANKS
1. Tank ID # (tank name registered with Ecology)	1	2	3	4	5
2. Date installed	1991	1991	1975	1975	1975
3. Tank capacity in gallons	8000	4000	10000	10000	4000
4. Last substance stored	DIESEL	UNLEAD	UNLEAD	DIESEL	SUPER
5. Number of tank compartments					
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S	S	S	S
7. Is overfill device present? (Yes/No)	Y	Y	Y	Y	Y
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	50%	30%	35%	45%	25%
9. The test method used can detect a leak of how many GPH?	.05	.05	.05	.05	.05
10. The numerical tank test results are? (in gallons per hour)	-.04219	-.04320	-.02216	-.04018	-.01762
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*	PASS	PASS	PASS	PASS	PASS

IV. Line Information

	Line 1	Line 2	Line 3	Line 4	
1. Piping type: (S) single wall; (D) double wall	S	S	S	S	S
2. Pump type: (T) turbine; (S) suction	T	T	T	T	T
3. (a) If turbine, is line leak detector present? (Yes/No)	Y	Y	Y	Y	Y
(1) If present, was lead seal intact? (Yes/No N/A)					
(2) Line leak detector results? (Pass/Fail)	P	P	P	P	P
(b) If suction, check valve located at? (T) tank (P) pump					
4. The numerical line test results are? (in gallons per hour)	-.009	-.007	.006	-.009	-.008
5. Line tightness test results? (Pass/Fail)*	PASS	PASS	PASS	PASS	PASS

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Printed Name
5/4/04		KEVIN WILKERSON
5-13-04	Gurmit Singh Kaila	GURMIT SINGH KAILA
Date	Signature of Tank Owner/Authorized Representative	Printed Name

Underground Storage Tank Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklist is required for the activity above. This checklist certifies the Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601-150-655 (UBI # from Master Business License) Site ID Number: A1363 (Available from Ecology if tank is Registered)

Site/Business Name: Big B Mini Mart

Site Address: 1611 Canyon Rd (Street) Kittitas (County)
Ellensburg, Wa 98926 (City, State, Zip+4 (required))

Telephone: (509) 925-5721

UST Owner/Operator: Same

Mailing Address: _____ (Street / P.O. Box)
_____ (City, State, Zip+4 (required))

Telephone: _____

2. FIRM PERFORMING WORK

Service Company: NW Environmental Solutions.

Service Co. Address: PO Box 1583 (Street)
Sumner, Wa 98390 (City, State, Zip+4 (required))

Certified Supervisor: Kevin Wilkerson

Address: PO Box 1583 Sumner, Wa 98390 (Street / P.O. Box)
_____ (City, State, Zip+4 (required))

ICBO Certification Number: 501264-04 Certification Issue Date (Month/Year): 9/23/03

Telephone: (253) 241-6213

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.
1-(800) 833-6388 or 711 (TTY)

36B

Site ID # A1363

Site Address 1611 CANYON RD

City ELLENSBURG WA 98926

Underground Storage Tank

Cathodic Protection Checklist

The information provided in this section should reflect the UST system after the completion of cathodic protection installation or retrofit. Provide the following information for each tank that is cathodically protected with impressed current or sacrificial anodes. For more than four UST systems, you may photocopy this form prior to completing.

I. UST SYSTEM INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	1991	1991		
2. Year tank installed				
3. Tank capacity in gallons	8000	4000		
4. Tank material	Steel	Steel		
5. Tank coating	"	"		
6. Piping construction material				
7. Piping coatings				
8. Year cathodic protection installed				

II. CATHODIC PROTECTION INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. **Type of Cathodic Protection** *(check box)*				
Sacrifical Anode (Galvanic)	✓	✓		
Impressed Current				
Check Box(es)				
2. **Type of cathodic protection activity performed**				
• Installation of new cathodic protection system				
• Retrofitting of existing cathodic protection system				
• Repair of existing cathodic protection system	✓	✓		
• Testing				
Other (describe in space below)				
3. **Completion date of activity checked above**	5/10/04	5/10/04		

VC, B

Site ID # A1363

Site Address Hall Canyon Rd &

City McCleary, WA 98536

Cathodic Protection Checklist (continued)

The following items shall be *initialed* by the Certified Supervisor whose signature appears below.
All of the following items shall be initialed when cathodic protection systems are installed or retrofitted.
When cathodic protection testing is done solely to evaluate the performance of existing cathodic protection systems on existing UST installations only items **10, 11 and 12** are required to be initialed.

III. CATHODIC PROTECTION INSTALLATION/RETROFITTING

	Yes	No	NA*
1. If field-installed, has the cathodic protection system been designed by a person who is: 1) accredited or certified as being qualified by the National Association of Corrosion Engineers or 2) is a registered professional engineer who has certification or licensing that includes education and experience in corrosion control of buried or submerged metal piping systems and metal tanks?	☐	☐	☑
2. Are the size, type, location and installation of tank and piping anodes in the completed installation/retrofit as specified in the design plans and specifications?	☐	☐	☑
3. Have all existing anodes, anode connections and test leads been inspected and any required repairs or replacements been made?	☐	☐	☑
4. For impressed current systems, does the installed rectifier meet design specifications?	☐	☐	☑
5. For impressed current systems, has the rectifier been installed per code and manufacturer's requirements?	☐	☐	☑
6. Are the electrical connections between system components per code and design specifications?	☐	☐	☑
7. Have provisions been made for testing cathodic protection systems or tanks(s) and piping as specified in WAC 173-360-305?	☐	☑	☐
8. Has the cathodic protection system installation/retrofit been tested after being energized according to applicable criteria in the National Association of Corrosion Engineers Standard RP-02-85?	☑	☐	☐
9. Has the owner/operator been provided with written documentation of the cathodic protection system installation/retrofit?	☑	☐	☐
Cathodic Protection Testing			
10. Have all cathodic protection systems on tank(s) and piping been tested and inspected and determined to be properly operating according to applicable criteria in National Association of Corrosion Engineers Standard RP-02-85?	☑	☐	☐
11. Has the owner/operator been provided with written documentation of the results of the cathodic protection system inspection and testing? -.907 - .910 -1.590 - 1.590 - .902	☑	☐	☐

12. List millivolt reading for each tank. Tank #1 D Tank #2 D Tank #3 D Tank #4 D Tank 5 5

IV. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor responsible for the above listed cathodic protection activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Print or Type Name
5/10/04		Kevin Wilson
5/13/04	Gurmit Singh Kaila	Gurmit Singh Kaila

Date — Signature of Tank Owner or Authorized Representative — Print or Type Name

* *Item not applicable*
ECY 070-70 (03/03)

White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)

Site ID # A 1363

Site Address 1611 CANYON RD

City ELLENSBURG, WA 98926

Underground Storage Tank

Retrofit/Repair Checklist

This form must be completed for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than four UST systems, you may photocopy this form prior to completing.

I. UST SYSTEM INFORMATION

UNLEADED SUPER

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Date installed	1991	1991		
3. Tank capacity in gallons	10000	4000		
4. Tank material: (specify for each tank) Steel Composite Fiberglass (FRP) Other (specify)	STEEL	STEEL		
5. Tank construction (specify for each tank) (SW) single wall (DW) double wall (P) partitioned	SW	SW		

II. RETROFITTING/REPAIR INFORMATION

	Tank 1	Tank2	Tank 3	Tank 4
1. **Reason for retrofitting UST system** (indicate all that apply)				
To comply with upgrading requirements for existing UST systems				
To repair structural defect(s) in tank				
Preventive maintenance				
To comply with corrective action requirements				
Other (describe)	REPAIR	REPAIR		
2. **Type of retrofitting** (indicate all that apply)				
Installation of internal lining: Rubber •	/	/		
Alkyd •				
Epoxy •				
Phenolic •				
Glass •				
Other (specify) •				
Installation of spill and overfill prevention equipment Catchment Basin •	✓			
Auto Shutoff •		✓		
Overfill Alarm •				
Ball Float Valve •				
Other (specify) •				

Underground Storage Tank Retrofit/Repair Checklist

WASHINGTON STATE DEPARTMENT OF ECOLOGY

The attached Underground Storage Tank (UST) checklist is required for the activity listed above. This checklist certifies that Retrofit/Repair activities were performed and conducted in accordance with Chapter 173.360 WAC.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601 150 655 (UBI # from Master Business License) Site ID Number: A1363 (Available from Ecology if tank is Registered)

Site/Business Name: BIG B MINI

Site Address: #11 CANYON RD KITTITAS
Street County
ELLENSBURG, WA 98926
City State Zip+4 (required)

Telephone: (509) 925-5721

UST Owner/Operator: ~~S~~ ARCO

Mailing Address: _____
Street P.O. Box

City State Zip+4 (required)

Telephone: _____

2. FIRM PERFORMING WORK

Service Company: N.W. ENVIRONMENTAL SOLUTIONS

Service Co. Address: PO BOX 1583
Street
SUMNER, WA 98390
City State Zip+4 (required)

Certified Supervisor: KEVIN WILKERSON

Address: PO BOX 1583
Street P.O. Box
SUMNER, WA 98390
City State Zip+4 (required)

ICBO Certification Number: 5012674-UT Certification Issue Date (Month/Year): 12/9/03

Telephone: (253) 241-6213

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.
1-(800) 833-6388 or 711 (TTY)

Site ID # A1363

Site Address 1641 CANYON RD.

City ELLENSBURG, WA 98926

Retrofitting/Repair Checklist (continued)

II. RETROFITTING/REPAIR INFORMATION (continued)

	Tank 1	Tank 2	Tank 3	Tank 4
2. Type of retrofitting *(indicate all that apply)*				
Installation of release detection equipment				
Automatic tank gauge (ATG) •				
Vapor monitoring equipment •				
Groundwater monitoring equipment •				
Interstitial monitor •				
Automatic line leak detector •				
Other (specify) •	—	—		
Tank repair *(describe)*				
• Replacement of metal pipe sections and fittings (indicate new piping material)				
• Replacement of fiberglass pipe sections and fittings (indicate new piping material)				
• Repair of fiberglass pipe sections and fittings				
• Other (specify)	—	—		
3. Date of Completion of retrofit or repair(s) indicated above	5/10/04	5/10/04		
4. Date of Tightness Test following retrofitting or repairs indicated above	5/10/04	5/10/04		

III. CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears below.	Yes	No	N/A
1. Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	KN		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	KN		

IV. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present on site during the above listed retrofitting/repair activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Print or Type Name
5/10/04		Kevin Wilkerson
5-13-04	Gurmit Singh Kaila	GURMIT SINGH KAILA
Date	Signature of Tank Owner or Authorized Representative	Print or Type Name